



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/784,407
		Filing Date	February 23, 2004
		First Named Inventor	H. Busskamp et al.
		Art Unit	3765
		Examiner Name	R. Muromoto, Jr.
Total Number of Pages in This Submission		Attorney Docket Number	8358-000012/CO

### ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                         | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)          |
| <input checked="" type="checkbox"/> Fee Attached                                 | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences       |
| <input checked="" type="checkbox"/> Amendment and Petition for Extension of Time | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                               | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                               | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request                             | <input type="checkbox"/> Request for Refund   | <b>Form HDP-1449 (1 sheet);<br/>2 foreign patent documents</b>                            |
| <input type="checkbox"/> Information Disclosure Statement                        | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                  |   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application       |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53     |   |   |

#### Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Monte L. Falcoff	Reg. No. 37,617
Signature			
Date	January 6, 2005		

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Monte L. Falcoff	Express Mail Label No.	EV 570 163 211 US (1/6/2005)
Signature		Date	January 6, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 570 163 211 US

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

JC58 37116

# FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 650)

<i>Complete if Known</i>	
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Art Unit	3765
Attorney Docket No.	8358-000012/CO

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input type="checkbox"/> Credit any overpayments                                  |

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee(\$)</b>	<b>Small Entity</b>	<b>Fee(\$)</b>	<b>Small Entity</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)** 50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

19 -20 or HP=

**Extra Claims**

x

**Fee(\$)**

=

**Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Multiple Dependent Claims****Indep. Claims**

4 - 3 or HP=

**Extra Claims**

1 x

**Fee(\$)**

=

**Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Petition for Extension of Time

450

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,617	Telephone	(248) 641-1600
Name (Print/Type)	Monte L. Falcoff			Date	January 6, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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01-07-05

*[Handwritten signature]*  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/784,407

Filing Date: February 23, 2004

Applicant: H. Busskamp et al.

Group Art Unit: 3765

Examiner: Robert H. Muromoto, Jr.

Title: METHOD FOR PRODUCING AIRBAGS

Attorney Docket: 8358-000012/CO

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AND PETITION FOR EXTENSION OF TIME**

Sir:

**PETITION FOR EXTENSION OF TIME**

Applicants' attorney requests a two (2) month extension of time in which to respond to the Office Action dated August 6, 2004. Accordingly, a check covering the fee for a two month extension of time is enclosed.

01/10/2005 ZJUHAR1 00000128 10784407

01 FC:1252 450.00 OP

01/10/2005 ZJUHAR1 00000128 10784407

02 FC:1201 200.00 OP

AMENDMENT

In response to the Office Action dated August 6, 2004, please amend the above-identified application as follows and consider the following remarks.

**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** begin on page 9 of this paper.

**Remarks** begin on page 9 of this paper.